UMCD-2003-0309 12975-US-PA

## COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name and that I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## HEAT INSULATION PEDESTAL AND VERTICAL TYPE FURNACE TUBE

X is attached hereto.		
was filed on as Application Serial No.	<b></b>	
аз Аррікацоп Seriai No.	and was am	ended on
specification, including the clair I acknowledge the duty to application in accordance with I hereby claim foreign p foreign application(s) for paten	ms, as amended by any or disclose information of the 37, Code of Federariority benefits under the for inventor's certifications or inventor's certifications.	erstood the contents of the above-identified amendment referred to above. which is material to the patentability of this all Regulations, § 1.56(a). Title 35, United States Code, § 119 of any exilisted below and have also identified below to the deate having a filing date before that of the
	Not Applical	Afta
	( Total Application	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
I hereby appoint the following transact all business in the Pate	ent and Trademark Offi	ent(s) to prosecute this application and to ce connected therewith:
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12975-US-PA

## COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

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